

TO THE UNITED STATES PATENT AND TRADEMARK  
OFFICE: PLEASE STAMP AND RETURN. THANK YOU.

SUBMITTED: Preliminary Amendment "B"; Information  
Disclosure Statement; Form PTO-1449 Listing  
Twenty-Six (26) References; Copies of the  
Listed References; Form PTO-2038 for  
\$168.00; Transmittal Letter; Certificate of  
Express Mailing; Postcard

APPLICANT: Brain Algar

TITLE: A GLASS COMPOSITION

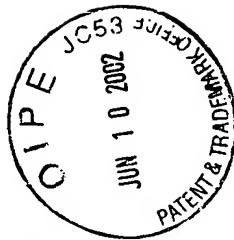
SERIAL NO. 10/069,143

FILED: February 14, 2002

DOCKET NO: 7678.576a.1

MAILED: June 10, 2002

DT01 Rec'd PCT/PTO JUN 11 2002



POST OFFICE  
TO ADDRESSEE

UNITED STATES POSTAL SERVICE®

ORIGIN (POSTAL USE ONLY)		Day of Delivery		Flat Rate Envelope
PO ZIP Code	84147	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/>
Date In	6-10-02	<input checked="" type="checkbox"/> 1st Day	<input type="checkbox"/> 2nd Day	<input type="checkbox"/> 3rd Day
Time In	16:57	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM	<input type="checkbox"/> Military
Weight	4.13	lbs.	ozs.	
No Delivery	<input type="checkbox"/>	Weekend	<input type="checkbox"/>	Holiday
METHOD OF PAYMENT:		Acceptance Clerk Initials		
Express Mail Corporate Acct. No.		SH		
CUSTOMER USE ONLY		Total Postage & Fees		
		\$ 24.85		
		COD Fee		
		Insurance Fee		
		Return Receipt Fee		
		\$ 2.85		



EL 813859205 US



SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND LIMITS  
ON INSURANCE COVERAGE

☐ WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void (waiver of signature is requested). I wish delivery to be made without obtaining signature. I address the addressee's agent (if delivery employee judges that article can be left in secure location) and authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

Federal Agency Acct. No. or  
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE

WORKMAN NYDEGGER & SEELEY  
60 E SOUTH TEMPLE STE 1000  
EAGLE GATE TOWER  
SALT LAKE CITY UT 84111-1011  
USA

TO: (PLEASE PRINT)

PHONE

ASSISTANT COMMISSIONER  
OF PATENTS  
WASHINGTON DC 20231-0001

Box Amendments

RECEIVED

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GROUP 3600

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## POST OFFICE TO ADDRESSEE

ORIGIN (POSTAL USE ONLY)				DELIVERY (POSTAL USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>		Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$		Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee		Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee	Insurance Fee	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void. Waiver of signature is required. If no delivery is made without obtaining signature of addressee or employee's Agent for delivery, employee's signature on this card cannot be used as proof of delivery. If delivery employee's signature constitutes valid proof of delivery.			
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$		NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			
CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Corporate Acct. No.				Federal Agency Acct. No. or Postal Service Acct. No.			
FROM: (PLEASE PRINT) PHONE ( )				TO: (PLEASE PRINT) PHONE ( )			
WORKMAN NYDEGGER & SEELEY 60 E SOUTH TEMPLE STE 1000 EAGLE GATE TOWER SALT LAKE CITY UT 84111-1011 USA Gunn-7678.576a.1				ASSISTANT COMMISSIONER OF PATENTS WASHINGTON DC 20231-0001 Box. Amendments			
PRESS HARD. You are making 3 copies.				FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com			

Mailing Label

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of		)	
	Brian Algar	)	
Serial No.:	10/069,143	)	Art Unit
Filed:	February 14, 2002	)	Not Yet Assigned
For:	A GLASS COMPOSITION	)	
Examiner:	Not Yet Assigned	)	

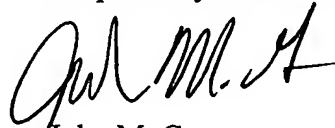
CERTIFICATE OF MAILING BY "EXPRESS MAIL"

I hereby certify that following documents are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated below in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Date of deposit: June 10, 2002.

- Preliminary Amendment "B"
- Information Disclosure Statement
- Form PTO-1449 Listing Twenty-Six (26) References
- Copies of the Listed References
- Form PTO-2038 for \$168.00
- Transmittal Letter
- Postcard

Respectfully submitted,



John M. Guynn  
Attorney for Applicant  
Registration No. 36,153



022913

PATENT TRADEMARK OFFICE

JMG:cm

G:\WPDOCS2\MTG\JMG\ULTRADEN\PATENTS\576A1AMB.CEM

# WORKMAN NYDEGGER & SEELEY

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A PROFESSIONAL CORPORATION

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EXPRESS MAIL LABEL NO. EL813859205US

PATENT APPLICATION  
Docket No. 7678.576a.1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Brian Algar

Serial No.: 10/069,143

Filed: February 14, 2002

For: A GLASS COMPOSITION

Examiner: Not Yet Assigned

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) Art Unit  
) Not Yet Assigned  
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Assistant Commissioner of Patents  
and Trademarks  
Washington, D.C. 20231

### TRANSMITTAL FOR AMENDMENT AND INFORMATION DISCLOSURE STATEMENT

Sir:

Transmitted herewith is an amendment for entry in the above-identified application.

The fee has been calculated as follows.

Small Entity						Other Than A Small Entity		
	Claims Remaining After	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	or	Rate	Additional Fee
Total	50	Minus 50	= 0	x 9 =	\$		x 18 =	\$ 0
Indep.	5	Minus 3	= 2	x 42 =	\$	or	x 84 =	\$168.00
1st Presentation of Multiple Dependent Claims				+ 130 =	\$	or	+ 260 =	\$ 0
Total Additional Fee					\$	or	Total	\$168.00

X Form PTO-2038 in the amount of \$168.00 is enclosed to cover the filing fee for additional claims. The Commissioner is hereby authorized to charge payment or credit any overpayment of additional fees to Deposit Account No. 23-3178. Duplicate copies of this sheet are attached.

Also transmitted herewith for filing and pursuant to 37 C.F.R. § 1.97 is a Information Disclosure Statement, which includes the following statements, if any, required variously by 37 C.F.R. § 1.98:

X Statement of relevance of selected cited references not in the English language which are not translated.

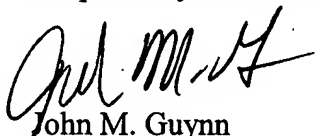
X Form PTO-1449 listing twenty-six references submitted for consideration.

X Copies of the twenty-six references listed on the Form PTO-1449.

The transmitted Information Disclosure statement is being filed prior to the mailing of a first Office Action, therefore, no fee is due. The commissioner is hereby authorized to charge payment of additional fees, or to credit any overpayment thereof, to Deposit Account No. 23-3178. A duplicate copy of this sheet is enclosed.

Dated this 10<sup>th</sup> day of June 2002.

Respectfully submitted,

  
John M. Guynn  
Attorney for Applicants  
Registration No. 36,153



022913

PATENT TRADEMARK OFFICE

JMG:cm

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